After I'm Gone

Episode 9 in the Award-Winning
Teen Drama Series

HOW TO USE THIS PROGRAM

This program was produced for use in classrooms, libraries, community centers, social service agencies, youth organizations, camps, teen groups and parent education centers, or for viewing by parents and teens together at home. Although its target audience is Middle School students & their parents, anyone who has regular contact with and a commitment to young people can benefit from this video as well. It is meant to be used as a part of a learning experience that begins before viewing the program and extends beyond the classroom walls. The discussion questions and follow-up activities are intended to enhance this learning experience. Educators and counselors planning to show *After I'm Gone* to teens may want to view the video in advance so that they can adapt their program follow-up to best suit the needs of their group. It is suggested that teens view the video under adult supervision.

OBJECTIVES

* To spotlight & better recognize the signs of suicidal ideation.

* To examine the various backgrounds and behaviors of those suffering with suicidal thoughts/impulses in order to more effectively connect with them in a Guidance / Counseling setting.

* To examine what peers and educators can do to reach out to a teen they feel may be privately struggling with suicidal ideation.

SYNOPSIS

The 9th and final MAPLE AVE episode, *After I'm Gone* takes a haunting look at teen suicide from the perspective of Cari *(*see *Loves Me Not* episode*)*; a young girl who appears to have taken her life due to relentless abuse from her parents and peers. As Cari observes life from the other side, she meets Christine, an older more rebellious spirit, who reluctantly acts as her guide and confidante. Together they observe Michael, an artist friend of Cari's, who has also been the victim of bullying and abusive parents. As a desperate Michael begins to contemplate suicide, a helpless Cari is suddenly forced to revisit her own nightmares...and find a way home.

*Suicide in the U.S.: Statistics and Prevention

**(taken from The National Institute of Mental Health - http://www.nimh.nih.gov/health/publications/suicide-in-the-us-statistics-and-prevention/index.shtml & http://www.nimh.nih.gov/health/publications/suicide-a-major-preventable-mental-healthproblem-fact-sheet/suicide-a-major-preventable-mental-health-problem.shtml - © NIMH)*

Suicide is a major, preventable public health problem.

In 2007, it was the tenth leading cause of death in the U.S., accounting for 34,598 deaths.

The overall rate was 11.3 suicide deaths per 100,000 people.

An estimated 11 attempted suicides occur per every suicide death.

Suicidal behavior is complex. Some risk factors vary with age, gender, or ethnic group and may occur in combination or change over time.

What are the risk factors for suicide?

Research shows that risk factors for suicide include: depression and other mental disorders, or a substance-abuse disorder (often in combination with other mental disorders). More than 90 percent of people who die by suicide have these risk factors.

* Prior suicide attempt

* Family history of mental disorder or substance abuse

* Family history of violence, including physical or sexual abuse

* Firearms in the home, the method used in more than half of suicides

* Incarceration

* Exposure to the suicidal behavior of others, such as family members, peers, or media figures

However, suicide and suicidal behavior are not normal responses to stress; many people have these risk factors, but are not suicidal. Research also shows that the risk for suicide is associated with changes in brain chemicals called neurotransmitters, including serotonin. Decreased levels of serotonin have been found in people with depression, impulsive disorders, and a history of suicide attempts, and in the brains of suicide victims.

Q: What are signs to look for?
A: The following are some of the signs you might notice in yourself or a friend that may be reason for concern.

* Feelings of hopelessness or worthlessness, depressed mood, poor self-esteem or guilt

* Not wanting to participate in family or social activities

* Changes in sleeping and eating patterns: too much or too little

* Feelings of anger, rage, need for revenge

* Feeling exhausted most of the time

* Trouble with concentration, problems academically or socially in school

* Feeling listless, irritable

* Regular and frequent crying

* Not taking care of yourself

* Reckless, impulsive behaviors

* Frequent physical symptoms such as headaches or stomach aches

Seeking help is a sign of strength, if you are concerned, go with your instincts, get help!

Q: What can I do for myself or someone else?
A: If you are concerned, immediate action is very important.

Suicide can be prevented and most people who feel suicidal demonstrate warning signs. Recognizing some of these warning signs is the first step in helping yourself or someone you care about.

*****If you are in crisis and need help: call this toll-free number, available 24 hours a day, every day 1-800-273-TALK (8255) or go to: http://www.suicidepreventionlifeline.org/ You will reach the National Suicide Prevention Lifeline, a service available to anyone. You may call for yourself or for someone you care about and all calls are confidential.***

Are women or men at higher risk?
Suicide was the seventh leading cause of death for males and the fifteenth leading cause of death for females in 2007.

Almost four times as many males as females die by suicide.

Firearms, suffocation, and poison are by far the most common methods of suicide, overall. However, men and women differ in the method used, as shown below.

Suicide by:	Males (%)	Females (%)
Firearms	56	30
Suffocation	24	21
Poisoning	13	40

Is suicide common among children and young people?
In 2007, suicide was the third leading cause of death for young people ages 15 to 24.

Of every 100,000 young people in each age group, the following number died by suicide:

Children ages 10 to 14 — 0.9 per 100,000
Adolescents ages 15 to 19 — 6.9 per 100,000
Young adults ages 20 to 24 — 12.7 per 100,000

As in the general population, young people were much more likely to use firearms, suffocation, and poisoning than other methods of suicide, overall. However, while adolescents and young adults were more likely to use firearms than suffocation, children were dramatically more likely to use suffocation.

There were also gender differences in suicide among young people, as follows:

Nearly five times as many males as females ages 15 to 19 died by suicide.

Just under six times as many males as females ages 20 to 24 died by suicide.

Are older adults at risk?
Older Americans are disproportionately likely to die by suicide. Of every 100,000 people ages 65 and older, 14.3 died by suicide in 2007. This figure is higher than the national average of 11.3 suicides per 100,000 people in the general population. Non-Hispanic white men age 85 or older had an even higher rate, with 47 suicide deaths per 100,000.

Are Some Ethnic Groups or Races at Higher Risk?
Of every 100,000 people in each of the following ethnic/racial groups below, the following number died by suicide in 2007.

Highest rates:
American Indian and Alaska Natives — 14.3 per 100,000
Non-Hispanic Whites — 13.5 per 100,000

Lowest rates:
Hispanics — 6.0 per 100,000
Non-Hispanic Blacks — 5.1 per 100,000
Asian and Pacific Islanders — 6.2 per 100,000

What are some risk factors for nonfatal suicide attempts?
As noted, an estimated 11 nonfatal suicide attempts occur per every suicide death. Men and the elderly are more likely to have fatal attempts than are women and youth.

Risk factors for nonfatal suicide attempts by adults include depression and other mental disorders, alcohol and other substance abuse and separation or divorce.

Risk factors for attempted suicide by youth include depression, alcohol or other drug-use disorder, physical or sexual abuse, and disruptive behavior.

Most suicide attempts are expressions of extreme distress, not harmless bids for attention. A person who appears suicidal should not be left alone and needs immediate mental-health treatment.

What can be done to prevent suicide?

Research helps determine which factors can be modified to help prevent suicide and which interventions are appropriate for specific groups of people. Before being put into practice, prevention programs should be tested through research to determine their safety and effectiveness.

For example, because research has shown that mental and substance-abuse disorders are major risk factors for suicide, many programs also focus on treating these disorders as well as addressing suicide risk directly.

Studies showed that a type of psychotherapy called cognitive therapy reduced the rate of repeated suicide attempts by 50 percent during a year of follow-up. A previous suicide attempt is among the strongest predictors of subsequent suicide, and cognitive therapy helps suicide attempters consider alternative actions when thoughts of self-harm arise.

Specific kinds of psychotherapy may be helpful for specific groups of people. For example, a treatment called dialectical behavior therapy reduced suicide attempts by half, compared with other kinds of therapy, in people with borderline personality disorder (a serious disorder of emotion regulation).

The medication clozapine is approved by the Food and Drug Administration for suicide prevention in people with schizophrenia.

Other promising medications and psychosocial treatments for suicidal people are being tested.

Since research shows that older adults and women who die by suicide are likely to have seen a primary care provider in the year before death, improving primary-care providers' ability to

recognize and treat risk factors may help prevent suicide among these groups.

Improving outreach to men at risk is a major challenge in need of investigation.

What should I do if I think someone is suicidal?

If you think someone is suicidal, do not leave him or her alone. Try to get the person to seek immediate help from his or her doctor or the nearest hospital emergency room, or call 911. Eliminate access to firearms or other potential tools for suicide, including unsupervised access to medications.

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CLASSROOM / GROUP DISCUSSION QUESTIONS

1. Do you personally know anyone who has ever considered or committed suicide? If so, what are the parallels between their story and Michael or Cari's?

2. How do you think Michael's parents would have responded if he had shared his troubled feelings with them? Would they have been of any help?

3. If Michael and Cari feel they can't talk to their parents about their depressed state then who should they talk to, and why?

4. What more could Lora have done to help Cari? How would you help your friend in a similar situation?

5. What do you think happens after the film ends? Does Cari get the help she needs? How might the rest of the story play out?

FOLLOW-UP ACTIVITIES

1. Invite a local mental health professional to talk to your group more in-depth about the issues addressed in the film.

2. Write and perform a short prequel(s) and/or sequel(s) to *After I'm Gone*. In the prequel, imagine key moments in Michael and Cari's respective family lives, exploring in more detail how their darker emotional states have been shaped by their backgrounds. In the sequel, explore in detail what happens to Cari after the film has ended.

3. Imagine the inner turmoil Lora experiences as she listens to Cari's tales of abuse, then write an 'inner monologue' that reflects her conflicted emotions.

4. Express the themes of the film in drawing/painting, music or dance, exploring the inner lives of the characters from more abstract vantage points.

NOTE: After the above performances / creative interpretations, an informed follow-up discussion is strongly recommended.

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